



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: David G. Jensen et al. : Confirmation No.: 4603

Serial No. 10/762,084 : Group Art Unit: 2859

Filed: January 20, 2004 : Examiner: Yaritza Guadalupe

For: INSTALLATION TOOL FOR AEROSPACE FASTENING SYSTEM

Commissioner for Patents P.O. Box 1450 Alexandria, VA

## RESPONSE TO ELECTION/RESTRICTIONS

Sir:

In response to the Office Action dated as mailed on March 9, 2005, and having a period of response extending through and including April 8, 2005, please consider the following remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 16 of this paper.

Attorney Docket No. 091-0193 (02-0815)

Date: March <u>(8</u>, 2005

Inventor(s):

David G. Jensen et al.

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10/762,084

10//02,084

January 20, 2004

INSTALLATION TOOL FOR AEROSPACE FASTENING SYSTEM

OMMISSIONER FOR PATENTS

O. Box 1450

Alexandria, VA 22313-1450

Sir:

27431

(Insert Customer Number)

OTHER THAN A

Transmitted herewith is an amendment in the above-identified patent application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- Return Receipt Postcard
- No additional claim fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)		TITY	OR		ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		RATE	ADDIT. FEE
Total	*37	minus	**56	= 0	x \$25 =	\$	OR	x50 =	\$0
Independent	*5	minus	***9	= 0	x \$100 =	\$	OR	x200 =	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+150 =	\$	OR	+300 =	\$0
					TOTAL	\$	OR	TOTAL	\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2. write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write 
  "3" in this space. The "Highest Number Previously Paid For" (Total or 
  Independent) is the highest number found from the equivalent box on Col. 1 of a 
  prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 50-0851 the amount of \$\_\_\_\_\_. A copy of this transmittal letter is enclosed.

A check in the amount of \$\_\_\_\_\_ to cover the extension fee is enclosed.

☐ A check in the amount of \$\_\_\_\_\_ to cover the additional claims is enclosed.

- ☐ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 50-0851. A duplicate copy of this transmittal letter is enclosed.
  - Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

David Bowls, Reg. No. 39,915

SMALL.

Michael A. Shimokaji, Reg. No. 32,303

SHIMOKAJI & ASSOCIATES, P.C. 1301 Dove Street Suite 480 Newport Beach, CA 92660 (949) 223-0838 I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Alexandria, VA 22313-14:

David Bowls, Reg. No. 39,915

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